

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3		2	/			
4		2	/			
5		2	/			
6		2	/			
7		2	/			
8		2	/			
9	/		/			
10	/		/			
11		2	/			
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29		2	/			
30		2	/			
31	/		/			
32		1	/			
33		1	/			
34		1	/			
35		1	/			
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37		1	/			
38		1	/			
39		1	/			
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41	/		/			
42		1	/			
43		1	/			
44		1	/			
45		1	/			
46		1	/			
47	/		/			
48		1	/			
49		1	/			
50	/		/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/			
52			/			
53			3			
54			1			
55			1			
56			1			
57			1			
58			1			
59			1			
60			1			
61			1			
62			1			
63			1			
64	/		/			
65			/			
66			1			
67			1			
68			1			
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96						
97						
98						
99						
100						
TOTAL IND.			7			
TOTAL DEP.			7			
TOTAL CLAIMS			61			